REQUEST FOR REFUND FROM CLOSED HEALTH SPA

The Virginia Health Spa Act

The Office of Consumer Affairs administers the provisions of the Virginia Health Spa Act (Act), § 59.1-294 et seq., Code of Virginia. Among its provisions, the Act requires certain health spas to file and maintain surety in the form of a bond or letter of credit for the benefit of spa members who sustain financial losses.

Who should use this form?

Use this form to establish a refund claim if:

- You pre-paid money for health spa services at a new facility that fails to open by the date specified on the contract, or

- The facility goes out of business prior to the expiration of the health spa contract **AND** the owner fails to provide you with comparable alternative facilities that are within five (5) driving miles of the original location,

  AND

- The health spa owner fails to make proper refunds.

What happens to your claim once we receive it?

We will review your claim, log it into our computer system, and assign a case number to it. We will allow a reasonable time for other consumers to file their own claims. This process could take some time, so your patience will be appreciated.

Disclaimers

- All requests for refunds, whether substantiated or not, will stay in our files for three years from the date the Office of Consumer Affairs closes the case, and will then be destroyed.

- This form, except for sensitive personal or financial information, is subject to disclosure under the provisions of the Virginia Freedom of Information Act, Virginia Code Section 2.2-3700 et seq. For this reason, you should cross out bank account or credit card numbers on any information you send us.

- The information requested on this form, and all subsequent requests by this Office for additional information, are subject to the Government Data Collection and Dissemination Practices Act, Virginia Code Section 2.2-3800 et seq.

➢ **SECTION 1 - Your Information**

Mr. Mrs. Ms.	Last name	First name		Mid. Initial
Mailing address			Apt. or suite number	
City		State	Zip code	
Home number, including area code ( )		Work number, including area code ( )		
City or county of residence	Your e-mail address			

➢ **SECTION 2 – Health Spa Information**

Name of health spa		
Physical street address of spa		
City	State	Zip code
Spa phone number, including area code ( )	If known, spa fax number, including area code ( )	

➢ **SECTION 3 - Complaint Information**

Did you sign a contract? Yes [ ] or No [ ]	If yes, please attach a copy of the contract and indicate the following:	Contract start date	Expiration date
Was the spa available for use during the term of your contract? Yes [ ] or No [ ]	If no, please indicate the approximate date when the spa became not available for general use.		
Total amount paid $	Amount in dispute $	Attach **COPIES**, not originals, of proof of payment, such as canceled checks, credit card statement, etc. Take care to cross out account numbers.	

➢ **SECTION 4 - Resolution Attempts You Have Made**

Have you contacted the spa? Yes [ ] or No [ ]	If yes, name of person most recently contacted	Their phone number, incl. area code ( )
Results		

➢ **SECTION 5 – Disclaimers and Affidavits**

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- By signing this form, you certify that the statements made herein or on any attached documentation are true and complete to the best of your knowledge, information and belief.

Signature:_____   Date:_____

For official use only. Complaint Number: